



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

October 9, 2009

Janet Gaytan, Administrator
Renaissance Assisted Living - Mountain View
PO Box 1687
Idaho Falls, Idaho 83403

License #: RC-840

Dear Ms. Gaytan:

On September 10, 2009, a follow-up survey and complaint investigation were conducted at Renaissance Assisted Living - Mountain View & Valley Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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September 17, 2009

Janet Gaytan, Administrator
Renaissance Assisted Living - Mountain View & Valley Center
PO Box 1687
Idaho Falls, Idaho 83403

Dear Ms. Gaytan:

On September 10, 2009, a follow-up visit to the complaint investigation survey of June 17, 2009, was conducted at Renaissance Assisted Living - Mountain View & Valley Center. The core issue deficiencies issued as a result of the June 17, 2009, survey have been corrected. A full state licensure survey and complaint investigation were also conducted on the September 10, 2009 site visit.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- The ban on resident admissions is lifted. You may resume admitting new residents to the facility.
- You are no longer required to retain your consultant. No further consultant reports are required.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 10, 2009.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2009
NAME OF PROVIDER OR SUPPLIER RENAISSANCE ASSISTED LIVING - MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 128 + 130 VALLEY CENTER DRIVE DRIGGS, ID 83422		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the follow-up survey, standard health care survey and complaint investigation conducted at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

VBZO11

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Renaissance Assisted Living</i>	Physical Address <i>128 & 130 Valley Center Dr</i>	Phone Number <i>208 354-0261</i>
Administrator <i>Janet Gaytan</i>	City <i>Driggs</i>	ZIP Code <i>83422</i>
Survey Team Leader <i>Karen Anderson</i>	Survey Type <i>Follow up Standard & Complaint</i>	Survey Date <i>9/10/09</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22			
① 210		The facility's activity plans did not encompass all required elements such as: community resources & education.	10/8/09 KA	
② 250.10		Hot water temperatures exceeded 120° F. (IE. The range was 125.2° F to 127.9° F.)	10/8/09 KA	
③ 305.03		The facility RN did not assess Resident #2 & Resident #10 when they had a change in condition.	10/8/09 KA	
④ 305.08		Staff were not educated on the appropriate use of Resident #5's Seated Walker.	10/8/09 KA	
⑤ 320		NSA's were not updated to reflect: Resident #2's need for supervision while smoking - Resident #6 use of gait belt, arm sling, dietary supplement and out patient physical therapy. Repeat	10/8/09 KA	
⑥ 350.04		The Administrator did not respond in writing to complaints (e.g.) Resident's concerns voiced during resident council meetings. Repeat	10/8/09 KA	

Response Required Date <i>10/10/09</i>	Signature of Facility Representative <i>Janet Gaytan</i>	Date Signed <i>9-10-09</i>
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HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Renaissance Assisted Living</i>	Physical Address <i>128 + 130 Valley Center Dr.</i>	Phone Number <i>208-354-0261</i>
Administrator <i>Janet Gaytan</i>	City <i>Driggs</i>	ZIP Code <i>83422</i>
Survey Team Leader <i>Karen Anderson</i>	Survey Type <i>follow up Standard & Complaint</i>	Survey Date <i>9/10/09</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22			
⑦	405.05	The exterior dryer Vent was observed to have a build up of lint.	10/8/09	KA
⑧	600.05	The Administrator did not provide oversight or investigate a Resident's concern regarding treatment by a caregiver. Additionally, the Administrator did not document corrective actions or disciplinary actions taken after med errors occurred.	10/8/09	KA
⑨	711.07	The facility did not have outside agencies care plans. Repeat		
⑩	711.08	The facility did not have outside agencies care notes. Repeat	10/8/09	KA
⑪	450	The facility did not meet the standards of the Idaho Food Code: Please refer to food code inspection report.	10/8/09	KA

Response Required Date <i>10/10/09</i>	Signature of Facility Representative <i>Janet Gaytan</i>	Date Signed <i>9-10-09</i>
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September 17, 2009

Janet Gaytan, Administrator
Renaissance Assisted Living - Mountain View
PO Box 1687
Idaho Falls, Idaho 83403

Dear Ms. Gaytan:

On September 10, 2009, a complaint investigation survey was conducted at Renaissance Assisted Living - Mountain View & Valley Center. The survey was conducted by Polly Watt-Geier, MSW and Karen Anderson, RN. This report outlines the findings of our investigation.

Complaint # ID00004282

Allegation #1: Caregivers did not receive training and/or delegation prior to passing medications.

Findings: On September 9, 2009, eight personnel records were reviewed. The eight records contained training and delegation from the facility nurse to the caregivers. On September 9, 2009, between 8:38 AM 9:45 AM, two caregivers were interviewed. They stated they had received training from the facility nurse prior to passing medications. On September 9, 2009 at 10:07 AM, the facility nurse stated she had completed competency tests and had delegated passing of medications prior to caregivers passing medications.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: Caregivers were not able to communicate with residents in English.

Findings: On September 9, 2009 between 7:45 AM and 8:05 AM, six residents were interviewed. They stated the caregivers always spoke in English when interacting with them. On September 9, 2009 at 9:58 AM, a caregiver stated all of the caregivers could speak English fluently. Between September 9, 2009 and September 10, 2009, four caregivers were observed working at the facility. All were observed to communicate with residents in the English language.

Janet Gaytan, Administrator
September 17, 2009
Page 2 of 2

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen Anderson', with a stylized flourish at the end.

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Residential Assisted Living Facility Program, Medicaid L & C,
323 W. Elder Street, Boise, Idaho 83705 208-334-6626

Date 9-10-09 Page 1 of 2

Food Establishment Inspection Report

Establishment Name <u>Renaissance AL</u>	Operator <u>Janet Gaydan</u>
Address <u>128 & 130 Valley Center Dr. Driggs 83422</u>	City <u>Driggs</u> Zip <u>83422</u>
County Estab # <u>Teton</u>	EHS/SUR # <u>20228</u>
Inspection Type: <u>High</u>	Risk Category: <u>High</u>
Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____	

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

Critical Violations	Good Retail Practices
# of Risk Factor Violations <u>5</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>5</u>	Score <u>0</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> N	1. Certification by Accredited Program or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing Facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	Approved Sources		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	Protection from Contamination		
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	Consumer Advisory		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	Highly Susceptible Populations		
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	Chemical		
<u>Y</u> N N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	Conformance with Approval Procedures		
<u>Y</u> N N/A	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
N/O = not observed N/A = not applicable
COS = Corrected on-site R = Repeat violation
☒ = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken	169°	noodles	145°				
beans green	180°						

GOOD RETAIL PRACTICES (☒ = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensils & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Janet Gaydan</u>	(Print) <u>Janet Gaydan</u>	Title <u>admin.</u>	Date <u>9/10/09</u>
Inspector (Signature) <u>Karen Anderson</u>	(Print) <u>KAREN Anderson</u>	Date <u>9/10/09</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>



Establishment Name Renaissance AL	Operator Janet Gaydan
Address 128 & 130 Valley Center	
County Estab # Teton 20828	EHS/SUR # License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#11: Eggs were stored above and beside ready to eat fruits and vegetables.

COS: Eggs were removed from fridge.

#15: On 9/9/09 at 12:30 P.M. foods were being served without first temping to ensure safe cooking temperatures were reached.

COS: Food service was stopped until food temperatures of chicken, green beans and pasta was known and at approved temperatures.

#17: On 9/9/09 at 7:30 AM observation was made of 2 pieces of pork in a pan with a lid sitting on the stove top. At 11:30 AM the kitchen staff states the pork had been sitting out since she arrived at 6 AM. The pork temperature was measured at 90°F.

COS: Staff was instructed to discard the pork as it had been sitting out for over 10 hours increasing the chance of food borne illness.

#19: The refrigerator temperature was measured at 52°F. The food inside fridge also temped at 52°F - 55°F. Cut watermelon on counter 74 hours.

COS: Food was discarded and refrigerator was replaced. Watermelon discarded.

#20: Not all food in the refrigerator had a date to indicate when food was first opened.

COS: Staff discarded undated food.

Person in Charge Janet Gaydan	Date	Inspector Karen Anderson	Date 9/10/09
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